

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MX	118591	4/13
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YC	28017	7-11-00
RESPONSE FORMALITY REVIEW	74R	62718	9/8/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
Final	Original
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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